



**All response begins at the local level.** Being prepared to prevent, respond to, and recover from all types of public health threats requires that states and localities improve their capabilities in surveillance, epidemiology, laboratories, and response readiness. Facts on laboratories and response readiness activities appear below. See appendices 1 and 7 for a more detailed description of data points and data sources.

**A healthy population is more resilient in public health emergencies.** People with chronic conditions may require additional care such as specialized medications, equipment, and other assistance. To develop an effective response plan, a state or locality must consider the unique needs of its own population. In Chicago, 7.5% of adults reported having asthma, 9.2% diabetes, 6.1% heart disease, and 2.7% had a stroke. In addition, 16.4% reported a limiting disability and 64.3% were overweight or obese.\*

\*CDC, ONCDIEH (NCCDPHP) Behavioral Risk Factor Surveillance System, 2008

Laboratories: General	
<i>Maintaining core laboratory functions during an emergency</i>	Status of continuity of operations plan (COOP): <sup>1</sup> The lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.
<i>Ensuring availability of Laboratory Response Network (LRN) laboratory results for decision making</i>	Locality had a standardized electronic data system capable of messaging laboratory results between LRN laboratories and also to CDC <sup>2</sup>  Note: For a description of LRN laboratories, see appendix 1.

Laboratories: Biological Capabilities	
<i>Participation in LRN for biological agents</i>	LRN reference and/or national laboratories that could test for biological agents <sup>3</sup>  The lab located in Chicago is operated by the state of Illinois. See Illinois fact sheet.
<i>Assessing if laboratory emergency contacts can be reached 24/7</i>	LRN laboratories successfully contacted during a non-business hours telephone drill <sup>3</sup>
<i>Evaluating LRN laboratory capabilities</i>	Proficiency tests passed by LRN reference and/or national laboratories <sup>3</sup>
<i>Rapid identification of disease-causing bacteria by PulseNet laboratories</i>	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA tests (PFGE) <sup>4</sup> <ul style="list-style-type: none"> <li>• Samples for which state performed tests</li> <li>• Test results submitted to PulseNet database within 4 working days (target: 90%)</li> </ul>
	Rapidly identified <i>L. monocytogenes</i> using advanced DNA tests (PFGE) <sup>4</sup> <ul style="list-style-type: none"> <li>• Samples for which state performed tests</li> <li>• Test results submitted to PulseNet database within 4 working days (target: 90%)</li> </ul>
<i>Assessing laboratory competency and reporting through exercises</i>	State public health laboratory conducted exercise(s) to assess competency of sentinel laboratories to rule out bioterrorism agents <sup>1</sup>
	CDC-funded LRN laboratory ability to contact the CDC Emergency Operations Center within 2 hours during LRN notification drills <sup>3</sup>  Note: There is one CDC-funded LRN laboratory in DC and in each state, with the exception of CA, IL, and NY, which have two.

Laboratories: Chemical Capabilities	
<i>Participation in Laboratory Response Network for chemical agents (LRN-C)</i>	LRN-C laboratories with capabilities for responding if the public is exposed to chemical agents <sup>5</sup>  Note: There are three levels, with Level 1 having the most advanced capabilities. See appendix 1.
<i>Evaluating LRN-C laboratory capabilities through proficiency testing</i>	Core methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents <sup>5</sup>
	Additional methods successfully demonstrated by Level 1 and/or Level 2 laboratories to rapidly detect chemical agents <sup>5</sup>
<i>Assessing LRN-C laboratory capabilities through exercises</i>	LRN-C laboratory ability to collect, package, and ship samples properly during LRN exercise <sup>5</sup>
	Chemical agents detected by Level 1 and/or Level 2 laboratories in unknown samples during the LRN Emergency Response Pop Proficiency Test (PopPT) Exercise <sup>6</sup>
	Hours to process and report on 500 samples by Level 1 laboratory during the LRN Surge Capacity Exercise (range was 71 to 126 hours) <sup>5</sup>

Response Readiness: Communication	
<i>Communicating emerging health information</i>	Locality public health department had a 24/7 reporting capacity system that could receive urgent disease reports any time of the day <sup>7</sup>
	Responded to Health Alert Network (HAN) test message within 30 minutes <sup>8</sup>
	State public health laboratory used HAN or other rapid method (blast email or fax) to communicate with sentinel laboratories and other partners for outbreaks, routine updates, training events, and other applications <sup>1</sup>
	Epidemic Information Exchange users responded to system-wide notification test within 3 hours <sup>9</sup>

<sup>1</sup>APHL; 2008 <sup>2</sup>CDC, OSELS; 2008 <sup>3</sup>CDC, OI (NCEZID); 2008 <sup>4</sup>CDC, OPHPR (DSL); 2008 <sup>5</sup>CDC, ONCDIEH (NCEH); 2009 <sup>6</sup>CDC, ONCDIEH (NCEH); 2008 <sup>7</sup>Locality data; 2008 <sup>8</sup>CDC, OPHPR (DEO); 2009 <sup>9</sup>CDC, OPHPR (DEO); 2008

Response Readiness: Communication (continued)		
Improving public health information exchange	Participated in a Public Health Information Network forum (community of practice) to leverage best practices for information exchange <sup>10</sup>	Yes
Response Readiness: Planning		
Assessing plans to receive, distribute, and dispense medical assets from the Strategic National Stockpile and other sources	<p>Cities Readiness Initiative (CRI) jurisdiction 2007-2008 technical assistance review (TAR) score <sup>11,12</sup></p> <p>City of Chicago: 94 (part of Cohort 1, which was established in 2004)</p> <p>Scoring Note: A score of 69 or higher indicates a CRI jurisdiction performed in an acceptable range in its plan to receive, distribute, and dispense medical assets.</p> <p>See appendix 6 for the average TAR score for the metropolitan statistical area of Chicago, IL, which has multiple contributing jurisdictions in addition to the City of Chicago.</p>	
Enhancing response capability for chemical events	CHEMPACK nerve-agent antidote containers <sup>11</sup>	23
Meeting preparedness standards for local health departments	Local health departments meeting voluntary Project Public Health Ready preparedness standards <sup>13</sup>	1

Response Readiness: Exercises and Incidents		
Notifying emergency operations center staff	Pre-identified staff notified to fill all eight Incident Command System core functional roles due to a drill, exercise, or real incident <sup>14</sup> Note: Locality must report 2 and could report up to 12 notifications.	8 times
	Pre-identified staff acknowledged notification within the target time of 60 minutes <sup>14</sup>	3 out of 8 times
Activating the emergency operations center (EOC)	Conducted at least one unannounced notification outside of normal business hours <sup>14</sup>	Yes
	Public health EOC activated as part of a drill, exercise, or real incident <sup>14</sup> Note: Locality must report 2 and could report up to 12 activations.	4 times
	Pre-identified staff reported to the public health EOC within the target time of 2.5 hours <sup>14</sup>	3 out of 4 times
	Conducted at least one unannounced activation <sup>14</sup>	Yes
Response Readiness: Evaluation		
Assessing response capabilities through after action report/improvement plans (AAR/IPs)	AAR/IPs developed following an exercise or real incident <sup>14</sup> Note: Locality must report 2 and could report up to 12 AAR/IPs.	4 AAR/IPs
	AAR/IPs developed within target time of 60 days <sup>14</sup>	4 out of 4 AAR/IPs
	Re-evaluated response capabilities following approval and completion of corrective actions identified in AAR/IPs <sup>14</sup>	Yes

<sup>10</sup>CDC, OSTLTS; 2008 <sup>11</sup>CDC, OPHPR (DSNS); 2008 <sup>12</sup>See Illinois fact sheet for CDC TAR state scores <sup>13</sup>NACCHO; 2008 <sup>14</sup>CDC, OPHPR (DSLRL); 2008

In addition to the activities listed above, CDC supported other projects and activities to enhance preparedness efforts. Snapshots of these CDC efforts are provided below. Also see separate fact sheet for Illinois state data.

Research, Training, Education, and Promising Demonstration Projects		
Project	Location/Project Name	Amount
Centers for Public Health Preparedness <sup>15</sup>	University of Illinois at Chicago - Illinois Public Health Preparedness Center	\$525,760
Preparedness and Emergency Response Research Centers <sup>15</sup>	—	N/A
Advanced Practice Centers <sup>16</sup>	—	N/A
Centers of Excellence in Public Health Informatics <sup>17</sup>	—	N/A
Pandemic Influenza Promising Practices Demonstration Projects <sup>14</sup>	Electronic Laboratory Data Exchange	\$619,172
Additional CDC Resources Supporting Preparedness in States and Localities		
Epidemic Intelligence Service		
• Epidemic Intelligence Service Field Officers <sup>17</sup>	1	
• Investigations conducted by Epidemic Intelligence Service Field Officers <sup>17</sup>	1	
Deployments		
• Type of Incident (number of CDC staff) <sup>18</sup>	MRSA Control Measures (2); Influenza (3)	
Career Epidemiology Field Officers <sup>15</sup>	—	
Quarantine Stations <sup>19</sup>	O'Hare International Airport, Chicago	

<sup>14</sup>CDC, OPHPR (DSLRL); 2008 <sup>15</sup>CDC, OPHPR (OD); 2008 <sup>16</sup>NACCHO; 2008 <sup>17</sup>CDC, OSELS; 2008 <sup>18</sup>CDC, OPHPR (DEO); 2008 <sup>19</sup>CDC, OI (NCEZID); 2008